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(Requestor's Name)	
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PICK-UP WAIT MAIL	09/01/22~ <b>-</b> 010280
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

	n of Corporations	
Ro SUBJECT:	oom 22 Group LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
	correspondence concerning this matter to the following:	
	Jeffrey Gitto	
	Name of Person	
	Room 22 Group LLC	
	Firm/Company	
	116 S Orange Ave	
	Address	
	Orlando, FL 32801	22
	City/State and Zip Code jgitto@gmail.com	Nision of contonation
	E-mail address: (to be used for future annual report notification)	— 022 
For further infor	mation concerning this matter, please call:	<b>T</b>
Jeffrey Gitto	813 453-1794 at ( )	PH 4: 37
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
<b>≡</b> \$25.00 Filin	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
<u>Mailin</u>	<u>Address:</u> <u>Street Address:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Room 22 Group LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our rec ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 01/09/2019	and assigned
Florida document number L19000011373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······	·
Principal office address MUST BE A STREET ADDRESS,	<u> </u>	~ <b>N</b>
		2 <u>\$</u>
		E 2:
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	•	7
If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	ter the name of the new registe
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street add	iress
	,	Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Estate of Bernard Corey	5366 Cerdella Street	□Add
		Orlando, FL 32811	■Remove
			ElChange
			ClAdd
			□Remove
			Change SEP SEP
			PRemove
			□Add
			Remove
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ective date, if other the effective date is listed, the ee: If the date inserted in ument's effective date o	this block does no	ot meet the appl	icable statutory f	ZOZZ (or more than 90 days a filing requirements,	<b>ptional)</b> ifter filing.) Pursuant to this date will not be	a 605.026 e listed a
cord specifies a delayed s filed.	effective date, but	not an effective	time, at 12:01 a.	m. on the earlier of	ii (b) The 90th day	after th
eded	. <u>-</u> .	_,	·			
			<b>Y</b>			

Typed or printed name of signee